

## **Laboratory Service Report**

## 1-800-533-1710

Patient Name TESTINGRNV,CHSUP1	Patient ID SA00064450	Age 33	Gender F	<b>Order #</b> SA00064450
Ordering Phys CLIENT,CLIENT		·	·	<b>DOB</b> 10/10/1980
Client Order # SA00064450	Account Information		Report Notes	
<b>Collected</b> 11/13/2013 00:00	C7028846-DLMP Roches SDSC 2 - Client Support	ter		
<b>Printed</b> 11/19/2013 12:56	Rochester, MN 55901			

Test	Flag	Results	Unit	Reference Value	Perform Site*
Chronic Hepatitis Prof (Unknown) RECEIVED: 11/14/2013 12:22 REPORTED HBs Antigen, S	: 11/14/201	3 12:38 Negative		Negative	SDL
HBs Antibody, S Patient is presumed to be no REFERENCE VALUE Unvaccinated: Negative	t immune to	Negative	with HBV.		NEL
Vaccinated: Positive HBs Antibody, Quantitative, S REFERENCE VALUE Unvaccinated: <10.0 Vaccinated: >=10.0		<3.1	mIU/mL		NEL
HBc Total Ab, S HCV Ab Screen, S Signal-to-cutoff ratio is <1	.00.	Negative Negative		Negative Negative	SDL SDL

## \* Performing Site:

SDL Mayo Clinic Laboratories - Rochester Superior Drive 3050 Superior Dr. NW Rochester, MN 55901		Lab Director:	
NEL	Mayo Medical Laboratories New England 160 Dascomb Road Andover, MA 01810	Lab Director: Lynn A. Cheryk, Ph.D.	

Patient Name	Collection Date and Time	Report Status
TESTINGRNV,CHSUP1	11/13/2013 00:00	Final
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<sup>\*</sup> Report times for Mayo performed tests are CST/CDT